

RGEN_ID_SEQ# 212910

BOARD OF PAARP

LICENSE NUMBER 17

☒ REGISTERED WITH MT SEC OF STATE

NAME OF APPLICANT MONTANA ACADEMY

DATE RECEIVED 7/1/2008 pm 6//30/08 DATE APPLICATION EXPIRES

Other Names Known As or
DBA:

APPLICATION

☐ COMPLETED APPLICATION

☒ FEES RECEIVED

☐ REGISTRATION FEE - 0-10 \$500.00

☐ LICENSE FEE - 0-10 \$260.00

☐ REGISTRATION FEE - 11-50 \$3,000.00

☐ LICENSE FEE - 11-50 \$800.00

☒ REGISTRATION FEE - 51-100 \$6,000.00

☒ LICENSE FEE - 51-100 \$1,600.00

☐ REGISTRATION FEE - 101 + \$9,000.00

☐ LICENSE FEE - 101 + \$2,400.00

☒ OWNERS LISTED

☒ EMPLOYEES LISTED

☐ PLAN OF OPERATION INCLUDED

ACCREDITING ENTITY NAAS

OTHER REQUIREMENTS

☒ PERSON IN CHARGE

☐ Background Check

JOHN L. SANTA, PH.D., CEO

☐

LICENSE HISTORY

☐ LICENSE VERIFICATION
RECEIVED

LIST STATE OR STATES LICENSED

LEGAL ACTION

☐ STATE DISCIPLINARY
ACTION

☐ MISCELLANEOUS COURT
DOCUMENTS

OTHER

PERSONNEL INFORMATION

☐ PERSONAL HEALTH
ISSUES

☐ IMPAIRMENT ISSUES

OTHER

CORRESPONDENCE

☐ BOARD LETTERS TO
APPLICANT

DATE
COMPLETE

DATE GIVEN
TO PM

APPLICATION
REVIEWED BY

INITIALS AND DATE

APPLICATION
REVIEWED BY

BOARD APPROVAL AND DATE

APPROVED

INITIALS AND DATE

☐ DATA COMPLETED IN
COMPUTER

WALL CERTIFICATE AND
LICENSE SENT



**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR
OUTDOOR PROGRAMS**

**(301 S PARK, 4TH FLOOR - Delivery)
PO Box 200513**

Helena, Montana 59620-0513

PHONE (406) 841-2392 or (406) 841-2369 FAX (406) 841-2305

EMAIL: dlibsdpap@mt.gov WEBSITE: <http://www.paarp.mt.gov>

RECEIVED
DEPT. OF LABOR & INDUSTRY
BUSINESS STANDARDS DIVISION

01 2008
CHECK NO. 01394
AMOUNT \$ 7600 OF

☐ PROVISIONAL & LICENSING REGISTRATION (Include copies of all requested documentation)

AVERAGE DAILY CENSUS:

☐ 0-10 Participants ☐ 11-50 Participants ☒ 51-100 Participants ☐ 101+ Participants

1. BUSINESS ENTITY: ☐ Sole Proprietorship ☐ Partnership ☐ Other _____

☐ Limited Liability ☐ Professional Corporation ☒ Non-Professional Corporation

2. BUSINESS STATUS: ☐ Non-Profit ☐ For Profit ☐ In-State ☐ Out-of-State

If the Business is incorporated out-of-state, list the state of incorporation _____

Please provide the address of your Corporate Headquarters 28 W. California St
Kalispell, MT 59901

3. DATE BUSINESS ESTABLISHED 3/97 Registered in Montana with the Secretary
of State? ☒ Yes ☐ No

4. BUSINESS ENTITY NAME Montana Academy

5. FEDERAL TAX ID # [REDACTED] OR SOCIAL SECURITY # _____

6. BUSINESS PHYSICAL ADDRESS 9705 Lost Prairie Rd, Marion, MT 59925

7. BUSINESS MAILING ADDRESS 28 W. California St. Kalispell, MT 59901

8. BUSINESS TELEPHONE NUMBER 406-858-2339 FAX 406 858 2356

9. BUSINESS EMAIL ADDRESS amyz@montanaacademy.com

10. BUSINESS WEB SITE: Montanaacademy.com

Would you like your website address listed on the Montana Board of Private Adolescent
Residential or Outdoor Programs Website?

☒ Yes ☐ No

11. LIST ALL OWNER'S NAMES OR IF YOUR BUSINESS IS A CORPORATION, LIST ALL OFFICER'S NAMES: (Please provide other names on a separate sheet of paper and attach to the registration application.)

LAST NAME	FIRST NAME	MI	PHONE NUMBER	CREDENTIAL NUMBER, LICENSE NUMBER, & STATE
V.P. Santa	John	L	858-2339	MT 195 psychologist
Pres McKinnon	John	A	858-2339	MT 6668 Medical Doctor
Secretary McKinnon	Rosemary		858-2339	MT 237 Clinical Social worker

12. PLEASE NAME THE INDIVIDUAL WHO IS RESPONSIBLE FOR THE CONDUCT OF THE PROGRAM (Please complete the "Individual Employee Report Form" on Page 7.)

John L. Santa, Ph.D.

CEO

858-2339 ext 222

Name

Position

Contact Phone Number

13. PLEASE LIST ALL CURRENT PROFESSIONAL AND SUPERVISORY EMPLOYEES AND RELEVANT CREDENTIALS AND OTHER QUALIFICATIONS: Please provide other qualifications on a separate sheet of paper and attach to registration application. (Please have each listed employee complete the "Individual Employee Report Form" on Page 7).

LAST NAME	FIRST NAME	MI	LICENSE NUMBER, AND STATE WHERE LICENSED	POSITION

Please make copies of this page as needed.

For the individual named in Question number 12. (person responsible for the conduct of the program), and each current professional and supervisory employee listed in your answer to Question number 13, please list the following: **(Please use the "Individual Employee Report Form" (Page 7) for each person named in question #12 and 13).**

- a. List all other professional licenses (other than your original state of licensure) that the listed individuals have held and that have been current (whether active or inactive) at any time during the past five (5) years. If you need additional space, you may attach a separate sheet of paper. **Failure to list all licenses active or inactive during the previous five years constitutes a falsification of your application and will result in a denial of your application and/or disciplinary action.**
- b. For each individual, professional or supervisory personnel referenced in your answers, indicate whether a licensing agency has ever taken adverse or disciplinary action against the listed person's license. (For each person listed above and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)
- c. For each individual, professional or supervisory personnel referenced above, indicate whether he/she has ever voluntarily surrendered, cancelled forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint, during an investigation or during disciplinary proceedings. (If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)
- d. Has any legal or disciplinary action been filed against a person/individual referenced above, (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

14. Please list whether your program/facility is accredited/certified/licensed/registered; including registration or licensing through another state agency in Montana.

Name of Accrediting/Certifying/Licensing/ Registering Agency	Designation	Date Granted or Re-certified	Current
NAAAS		1998	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Joint Commission		10/2007	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ALPSA			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Please list whether your business entity/program is or has been licensed in another state. List all other professional licenses (other than your original state of licensure) that the listed business entity/program has held and that has been current (whether active or inactive) at any time during the past five (5) years.

NO

Business Name of Program	State in which licensed	Date of licensure	Type of License	License number

16. Has a licensing agency ever taken adverse or disciplinary action against your business entity license? (For each person listed in 12. or 13., and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)



DECLARATION

As the Person-in-Charge, I authorize the release of information concerning the record, character, license/registration history and competence of this facility, by anyone who might possess such information, to the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or incomplete answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for this application.

John L. Lantz, PhD
Signature of Person-in-Charge

6/26/08
Date

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL
OR OUTDOOR PROGRAMS**
(301 S PARK, 4TH FLOOR - Delivery)
PO Box 200513
Helena, Montana 59620-0513
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INDIVIDUAL EMPLOYEE REPORT FORM

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name Tim Corson

Position Program Director and therapist

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Psychologist	MT	Active	2004 - Exp. 12/31/2008
"	NH	inactive	2001 - Exp. 6/30/2009

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Tim Corson
Signature

6-26-09
Date

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Employee Name

Cynthia Freeman, RN

Position

School Nurse

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
<u>Registered Nurse</u>	<u>Montana</u>	<u>Active</u>	<u>12-31-08</u>

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Signature

Date

6-27-08

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Employee Name Martin Niehaus

Position

Clinical Supervisor/Psychologist

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Psychology	California	Active	46-01/8-31-10

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Martin Niehaus

Signature

6-27-08

Date

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Employee Name John McKinnon, MD

Position Co-CEO

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Medical (Physician)	MT	Active (in process of renewal now)	

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

John A. McKinnon MD

Signature

6/25/08

Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Melissa Ntant

Position Clinical Supervisor

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
C.S.W.	NY	expired	10/30/01 6/30/06
L.C.S.W.	CT	almost expired!	7/1/06 to 6/30/08

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

M. Ntant
Signature

6/27/08
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Philip Jones
Position Principal / History + English Teacher

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Class 1 Level 2	Folio 38789 MT	ACTIVE	7/1/2008 6/30/2013
Class 3 Level 3	Folio 38789 MT	Active	7/1/2008 6/30/2013

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Signature

Philip Jones

Date

6/24/08

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Richard Stern

Position Social Studies Teacher

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Class 2, Level 8 Folio # 74727	MT	Active	6/30/2009

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

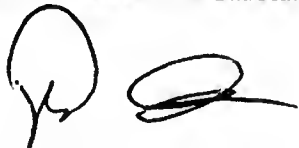
If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

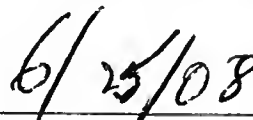
If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.



Signature



Date

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Employee Name

Jason Rasco

Position

English Teacher

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Class 5 Level 8 Folio # 77814	MT.	Active	7/1/2005 - 6/30/2008

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Jason Rasco
Signature

6-25-08
Date

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Employee Name Connie Jones

Position Registrar, Testing Coordinator

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
<u>Class 2</u> <u>(Level 1)</u> <u>Folio # 30964</u>	<u>MT</u>	<u>Active</u>	<u>7/1/04</u> <u>6/30/09</u>

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

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d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Connie Lee Jones
Signature

June 25, 2008
Date

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Employee Name Jack Cesarone

Position Science Teacher

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Class 2 Level 8 Folio # 72290	MT	Active	7/1/07 to 6/30/2012

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

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Jack Cesarone
Signature

6-25-08
Date

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL
OR OUTDOOR PROGRAMS**
(301 S PARK, 4TH FLOOR - Delivery)
PO Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2392 OR (406) 841-2369 FAX (406) 841-2305
EMAIL: dlibsdpap@mt.gov WEBSITE: <http://www.paarp.mt.gov>

INDIVIDUAL EMPLOYEE REPORT FORM

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name Deidre Heaton
Position Music Teacher

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Class 2L8 Folio# 78466	Montana	active	7/1/05 to 6/30/2010

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Signature

Date

6/26/08

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Employee Name Tim Price

Position MADPHYSICS

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
CLASS 2 EDUCATOR	MONTANA	ACTIVE	7/01/2008 6/30/2013
Folio # 74160			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Tim Price
Signature

6-25-08
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Rosemary McKinnon

Position Dir of Admissions

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
LCSW	MT	Active	12/31/08

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation during disciplinary proceedings.

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d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Signature

Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name Dennis Malamat, MD
Position Medical Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Physician	Montana	Active	3/31/09

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Dennis Malamat MD
Signature

6/26/08
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

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Employee Name John Santa

Position co-CEO

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Psychologist	MT	Active	12/31/08

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

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d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

John L. Santa, PhD
Signature

6/26/08
Date

MT BOARD OF PHARMACY

MAR 20 2006

RECEIVED

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BOARD E-MAIL: dlibsdpap@mt.gov

BOARD WEBSITE: <http://www.paarp.mt.gov>

Allow 10 days from the date the Board has a complete application file for registration.

Application for Registration as:

- ☒ PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR
☐ OUTDOOR PROGRAMS
☐ NONE - THE BELOW NAMED PROGRAM DOES NOT QUALIFY FOR REGISTRATION.

RATIONALE: _____

AVERAGE DAILY CENSUS: ☐ 0-10 Participants ☐ 11-50 Participants ☒ 51-100 Participants ☐ 101+ Participants

1. BUSINESS ENTITY: ☐ Sole Proprietorship ☐ Partnership ☐ Other _____
☐ Limited Liability ☐ Professional Corporation ☒ Non-Professional Corporation

2. BUSINESS STATUS: ☐ Non-Profit OR ☒ For Profit
☒ In-State OR ☐ Out-of-State

If the Business is incorporated out-of-state, list the State of Incorporation _____

Please provide the address of your Corporate Headquarters 28 West California St Kalispell, MT
59901

3. Business Date Established 2/3/1992 Registered in MT ☒ Yes ☐ No

4. BUSINESS ENTITY NAME Montana Academy, Inc

5. FEDERAL TAX ID# _____ OR SOCIAL SECURITY # _____

6. BUSINESS PHYSICAL ADDRESS 9705 Lost Prairie Rd Marion, MT 59901
Street City State Zip

7. BUSINESS MAILING ADDRESS 28 W. Cal. Fornara St Kalispell MT 59901
Street City State Zip

8. BUSINESS TELEPHONE NUMBER (406) 858-2339 (406) 858-2356
Business Fax

9. BUSINESS E-MAIL ADDRESS johns@montanaacademy.com

10. PLEASE NAME THE INDIVIDUAL WHO IS RESPONSIBLE FOR THE CONDUCT OF THE PROGRAM

John L. Santa Clinical + Program Director 406-858-2339 ext 222
Name Position Contact Phone Number

11. LIST ALL OWNER'S NAMES OR IF YOUR BUSINESS IS A CORPORATION LIST ALL OFFICER'S NAMES: (Please provide other names on a separate sheet of paper and attach to the registration application.) *S corporation*

McKinon	John	17	406-858-2339 ext 230	6668 MD
Last	First	MI	Phone #	Credential #, Lic.#
McKinon	Rosemary		406-858-2339 ext 253	236 LCSW
Last	First	MI	Phone #	Credential #, Lic.#
Santa	John	L	406-858-2339 ext 222	195 Psych
Last	First	MI	Phone #	Credential #, Lic.#
Santa	Carol	M	406-858-2339 ext 249	
Last	First	MI	Phone #	Credential #, Lic.#

12. PLEASE LIST ALL PROFESSIONAL AND SUPERVISORY EMPLOYEES AND REVELANT CREDENTIALS AND OTHER QULAIFICATIONS: (Please provide other qualifications on a separate sheet of paper and attach to registration application.)

see attached table page 4 & 5

[illegible]

13. Please list entities that provide ongoing services directly to program participants. (i.e. Public schools, clinics, hospital, social services)

Kalispell Regional Hospital [Emergency Service]
Name of the Entity Address Phone # Contact Person

Name of the Entity Address Phone # Contact Person

Name of the Entity Address Phone # Contact Person

Name of the Entity Address Phone # Contact Person

Name of the Entity Address Phone # Contact Person

Name of the Entity Address Phone # Contact Person

14. Please list your facility accredited/certified/licensed/registered.

Name of Accrediting/Certifying/Licensing/Registering Agency	Designation	Date Granted or Re-certified	Current
Northwest Assoc. of Accredited Schools	Member	1998 ^{each year} ²⁰⁰⁵⁻²⁰⁰⁶	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

15. Please list any Professional Association of your facility.

Name of Professional Association	Designation	Date Granted or Re-certified	Current
NATSAP	member	1999 - 2006	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

16. Would you like your web site address listed on the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs web site? ☒ Y ☐ N

Web Site Address: montanaacademy.com

AFFIDAVIT

As the Person-In-Charge, I authorize the release of information concerning the record, character, license/registration history and competence of this facility, by anyone who might possess such information, to the Montana Board of PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR OUTDOOR PROGRAMS.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for this application.

John L. Lantz, PhD
Legal Signature of Applicant

3/10/06
Date

Subscribed and sworn to before me this 10TH day of MARCH, 2006 at

KOLISPELL, MT.
City/State

[Signature]
Signature of Notary Public

CHERYL AMUNDSON
Notary Public Printed Name

MONTANA
For the State of

SEAL

My commission expires OCTOBER 20, 2007